The following series of events are true and based on a real-life story.

Irma:
"It was on a Friday afternoon at the beginning of June. I remember my 51st birthday had just passed. I was excited the week was over because I was going to visit my family in Mexico. I was getting ready to leave and hurried to change the baby's diaper. As I was leaning over, I started to feel like I was going to pass out. Catching a deep breath, I immediately said out loud, "Oh man, I don't feel good." Susie laughed because she thought I was joking about the diaper but when she turned to look at me, her demeanor quickly changed. I was holding on to the sides of the playpen because I thought if I let go, I would fall over. I remember she ran over and slowly guided me to the sofa as I leaned on her body for support. I started to tell her I felt dizzy and nauseous with a headache. I felt like I was blacking out. Looking back, I'm so thankful Susie was around when I started to feel sick. I don't even want to imagine what could have happened to the baby had this occurred when we were alone; she was only 5months old at the time."

Susie:
"I felt silly and embarrassed for thinking she was joking about Arianna's diaper. I stared at Irma on the sofa for a few minutes because I wasn't sure what to do. My mind recalled a Facebook post that said "that horrifying moment when you're looking for an adult, then realize you're an adult. So, you look for an older adult, an adultier adult". I grabbed the phone and called my mom. Yes, as a 31-year-old with 5 children, I needed my mom at that moment because I was scared and unsure how to help or what to do. My mom did not answer. Irma appeared to be losing consciousness. Numerous times she stopped talking mid-sentence and closed her eyes."

Irma:
"I asked Susie to drop me off at the United States (US) Mexican border because at the time I did not have medical insurance nor the money to be seen in the US. I always thought the emergency room would charge me before being seen. I knew I needed medical attention but going to my doctor in Mexico seemed like the most affordable option."

Susie:
"She wanted me to drive her to the Progresso- Las Flores international border about a 40 min drive away but I knew that was not an option as she could hardly stay conscious. I was panicking because I wanted to call an ambulance, but she pleaded with me to take her to the border. I couldn't take her without knowing if it was something serious. Somewhere in my racing thoughts, I remembered my mom had left a glucose monitor in my house. I decided to check Irma's blood sugar. I don't know why I got that idea. I had no prior knowledge of Irma having diabetes but something in my gut told me to check her blood sugar. The first time I checked, the machine read high. I was confused because I remembered it usually gives a number, so I checked it again; it still read high. Luckily, at that moment, my mom called me back. I answered and explained what happened and she told me I needed to drive Irma to the ER immediately because she could be going into a diabetic coma."

Irma:
"I was being stubborn. I thought I was going to be ok. I thought all the ill feelings would just pass if I rested for a bit. When Susie checked my blood sugar again it finally got the reading of 562mg/dL. I didn't realize that high meant the 500 range. I was worried but unaware of how critical my condition was. I did not want to go to the ER, but Susie insisted."

Susie:
"As I drove her to the ER, my mind flashed back memories of the prior weeks. We had just celebrated her 51st birthday. I had gifted her a basket with all her favorite snacks. Snacks I was certain contributed to her high blood sugar levels. Memories of every single time I bought her a candy or soda to show her my love and appreciation. Guilt overcame my mind."

In 2016, a total of 16 million emergency department (ED) visits were reported with diabetes as a listed diagnosis among adults (The Centers for Disease Control and Prevention, 2020). Irma's emergency room visit turned into a 5-day admission and a 5-figure hospital bill. Her A1C was severely elevated at 11.4%. She was advised that a combination of medication and lifestyle modifications were required to gain control of her blood sugar and to avoid further damage to critical organs.

A few months prior to Irma's hospitalization her blood sugar levels had raised concern. Because Irma was uninsured, she was seeing a primary care provider in Rio Bravo, Mexico; an affordable and convenient option. During one of her visits, her fasting blood sugar level was at 180mg/ dL. Because of her elevated blood sugar levels and other symptoms, she was prescribed a medication but was advised to only take the medication when she felt symptoms like headache, dizziness, nausea, and blurred vision (known indicators of high blood sugar levels). She later learned the prescribed medication was commonly used to treat type II diabetes however the recommended intake was wrong. Although the care she was receiving in Rio Bravo, Mexico was an affordable alternative she realized it was not quality care.

Being newly diagnosed with type II diabetes required frequent doctor visits, specialty care, and medications she struggled to afford due to being uninsured. "The first few doctor visits were expensive. I knew I needed to find a solution." Irma was put at ease when she discovered she was eligible to receive premium credits for health insurance under the Affordable Care

Act through the Health Insurance Marketplace. This resolved many of her financial concerns and provided a smooth transition into receiving the medical care she required.

Irma followed the recommendations of her new primary care provider and focused on losing weight by being physically active and following the keto diet, a low carb high fat diet. However, she later began to develop health concerns related to her kidneys that required her to stop the keto diet to preserve her overall health. "It's been hard to stay motivated." Irma shared that being physically active worked well throughout the fall and winter season but once the weather changed, she no longer enjoyed her evening walks. She also struggled with reducing corn tortillas from her diet, a habit formed since childhood, "the corn tortilla is like my fork."

Irma's doctor praises her for having a lower A1C at each checkup but she still feels unhappy with the results and wishes she did not have to rely on medication to control her blood sugar. "I don't know why the doctor says congratulations, I'm still diabetic. My numbers are not where they need to be." Three years later, Irma's A1C is at 7.1%. Although Irma understands that improving her health will be a long-term challenge, she continues to reduce her A1C. The fear of losing her sight (symptoms she is currently presenting) and at times feeling unwell, pushes her to drink water, eat plenty of vegetables and monitor her portions. With these lifestyle modifications and the fear of severe complications, Irma is managing her diabetes one day at a time.